TIDES Approach to Education and Training

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The TIDES project uses evidence-based quality improvement (EBQI) to improve the recognition and management of depression within primary care. This involves systematic screening for depression, tracking of all depressed patients by a care manager, and support for the primary care provider in the role of treating depression. Since many of these roles and processes are new, it is important to have a plan for education within each site. This education plan includes both primary care and mental health and both on depression in general and the new processes developed as part of this project. Therefore, each site's plan for education needs to take into account the four domains that are summarized in the table below then described in further detail.

		Location/service line	
		Primary care	*Mental health*
Type of education	*Education about depression*	• Epidemiology of depression • Identification • Treatment strategies • Ongoing management	Population based approach to depression versus specialty and mental health based approach to depression.
	Education about TIDES and new processes of care	• Description of responsibilities • Role of care manager • Resources available (pocket card, web site, etc.)	• Description of responsibilities • Role of care manager • Resources available (pocket card, web site, etc.)

Education for primary care providers

Many primary care providers are not comfortable treating depression. This stems in part from a lack of knowledge about depression and available treatments, and in part from a lack of experience with actually managing the care of depressed patients. TIDES faculty have created three lectures on depression for primary care providers, covering the epidemiology of depression, how to make the diagnosis, and treatment of depression. These are PowerPoint presentations with accompanying speaker's notes. *We recommend that these lectures or something similar be given to the primary care providers to help increase their knowledge about depression.*

One strategy that has been used successfully in changing provider behavior is known as academic detailing (also called educational outreach). Drawing on strategies that have worked well for pharmaceutical companies, this calls for a local peer to go around one-on-one and train or detail each primary care provider. This is described in additional detail below.

Education for mental health providers

While psychiatrists and psychologists are experts at treating depression, they see only those patients that are both referred to them and wish to consult mental health. We know that the resultant mental health specialty population of depressed patients is sicker and more complex, in general, than the primary care population of such patients. In addition, mental health specialists are thus not exposed to the full population of patients who present to primary care with symptoms of depression, which includes patients with a few depressive symptoms (subthreshold or minor depression), with grief reactions, or with other stress-related complaints. In primary care, patients with depressive symptoms but without major depression or dysthymia outnumber those with major depression by DSM-IV diagnostic criteria. Thus, the primary care population requires a somewhat different approach to assessment and management than does the mental health specialty population. By supporting primary care providers in dealing effectively with the heterogeneous primary care population of patients with depressive symptoms, mental health specialists can better target their own work toward patients who most need them. Mental health specialists also may not be aware of the importance of

care management for depressed patients being followed in primary care, and for supporting the transition from primary care to mental health specialty care after a referral is initiated. This information could be presented briefly to mental health specialists at the beginning of the project. This could also be reinforced subsequently with actual numbers based on the screening within primary care.

We recommend using the same academic detailing approach to educating mental health providers, but with the focus being on the process of care under TIDES.

Follow-up education

Initial education for both primary care and mental health is aimed primarily at filling knowledge gaps. This includes providing knowledge about managing depression and knowledge about the process of care under TIDES. Follow-up education (or ongoing education) focuses on reviewing performance and problem solving. Therefore, we suggest using an audit and feedback approach to follow-up education. This involves measuring results and feeding those results back to each team and provider. This should be coupled with discussion and problem solving. This can be an extremely effective strategy for education and quality improvement. The following aspects need to be considered at each site:

- *What to measure?* – This is perhaps the most crucial decision, that of which items to measure and report. Ideally, a combination of early steps in the process (such as percent of patients screened) and more distal steps (such as percent that screened positive that were assessed by the provider) should be reported.
- *How often?* – Another important issue to decide is how often to provide feedback. If it is too seldom, people are not receiving the information often enough to make changes based on the results. Alternatively, if the feedback is too frequent there is not enough data to draw any important conclusions. Monthly feedback seems to provide a good balance between these two extremes.
- *Group vs. individual feedback* – Performance and results for the entire team are easier to collect, but have less impact than feedback for individual providers. Based on our experience, feedback for individual providers (also know as provider profiling) tends to anger providers if they feel that it will be used punitively, but can be well received if they feel it is being used constructively. As above, care needs to be taken to ensure that there are enough data for each provider to be able to draw meaningful conclusions. This may necessitate giving feedback to providers less often than to the entire team.

What do we do next?

This handout gives you some general ideas, but these need to be adapted to your individual institution. We suggest that you make up a plan for education at your site. It should address the four boxes in the table above, and it should use some of the strategies discussed in this handout such as academic detailing for the initial education and audit and feedback for ongoing education. A sample educational plan is also attached.

Academic detailing (Educational outreach)

Academic detailing has been used in a wide variety of settings and for a wide range of problems to improve performance. This has ranged from decreasing the caesarian section rate to modifying prescribing practices to improving preventive care. The underlying rationale is that since these strategies work so well for pharmaceutical companies, they should work equally well for changing provider behavior in other ways. This strategy is often done in conjunction with using an "opinion leader", a respected peer known to the providers being detailed. This person would go around to each provider, one at a time, and make the detailing presentation. In addition to making providers more familiar with the information, it sends the unspoken message that someone they know and respect has adopted this desired behavior.

In order to be efficient and reproducible, it is desirable for the person doing the detailing to have an internal script of what to cover with each provider. This would not be read to each person, but would rather be a series of specific points that need to be made. Sticking to the script also tends to make the detailing faster and more efficient.

Sample points to make for TIDES academic detailing.

The points below are suggested ones that might be included in a detailing script for your site. These can and should be adapted to your needs and preferences, as each site is different and local adaptation is crucial to the success of this approach. We suggest you consider the following points:

1. *Description of TIDES and its rationale*. Briefly mention that TIDES is a multi-VISN quality improvement project to improve the recognition and management of depression within primary care. Outline the three major components of TIDES and why each is important:
    a. *Improve detection of depression* through appropriate screening. Depression causes enormous negative economic, personal, and health effects, and is treatable.
    b. *Care management assists* with patient self-management support and education, clinical assessment, and follow-up for depressed primary care patients. Depressed patients, by virtue of their illness, can be helpless, hopeless, and have low self-efficacy. They commonly fail treatment if they do not receive support. They also require a minimum 20-minute assessment for associated conditions prior to treatment. Care manager support for the transition to mental health specialty or for medication management in primary care substantially improves outcomes.
    c. *Enhance collaboration* between mental health specialist and primary care leaders for care manager supervision, provider education, and matching patient needs to the type and location of care given. Primary care providers can treat routine depression, but require continued collaboration with mental health specialists to learn about new treatments or approaches, detect new problems or complications, and transition patients if improvement is not occurring. The care manager can link primary care and mental health specialists, thus improving primary care provider knowledge and patient outcomes.

2. *Review pocket card.* Point out the cycle of depression, and how to show it to patients. Review the diagnostic criteria and the medication chart. If there are specific medications recommended at your site, these could be circled in the presence of the primary care provider.
3. *Review the role of the care manager.* Go over how to contact the care manager and mention which patients should be referred immediately.
4. *Mention warning signs that might prompt different management*. These might include suicidal ideation, substance abuse, psychotic features, or simply failure to improve after 6 weeks on an antidepressant.
5. *Show the project web site (http://www.va.gov/tides_waves/) briefly.* This site provides copies of educational materials and additional resources for the provider.
6. *Answer any questions.*

TIDES education coordinators (Drs. John Fotiades and Scott Sherman) will be working with you to refine your education plan and to ensure that it is as effective and efficient as possible.

Sample Educational Plan

Scope:
This plan covers outpatient clinic A and community-based outpatient clinic B.

Intended Audience:
Primary care providers, nurses, and other staff.

Goals:
- Increase provider knowledge of the recognition and management of depression.
- Educate and train staff about how depression will be managed at our institution.

Content:

Initial Education
About half of the initial education time will be focused on increasing knowledge about recognition and management of depression. The remaining half will be focused on increasing awareness of the process for managing depression at our institution. In order to achieve this, we will do the following:
- *A one-hour lecture for primary care providers*, given by Dr. X from mental health and Dr. Y from primary care. The lecture will cover some background on depression but will focus primarily on a recommended approach to screening and recognition of depression and its management.
- *Academic detailing.* A well-respected clinician (Dr. Z) will go around and briefly discuss the process for managing depression with each primary care provider. She will show some helpful sections of the depression pocket card and the patient handout, as well as answer any questions.
- *Pocket card* – This small four-sided card highlights the key principles primary care providers need to know for recognition and management of depression.

Ongoing Education
Ongoing education and training focuses predominately (approximately 90% of training time) on process and just a little bit on improving knowledge about depression. Specific components of the ongoing education and training include the following:

- *Monthly update/educational session*. At the regular monthly meeting of the primary care providers (and nursing staff), we will present data on how the team is doing for recognizing and managing depression. The group as a whole will discuss the aggregated data, with the goal of looking for ways to improve the process for all patients. The discussion will be led by Dr. A from primary care and Dr. B from mental health.
- *Provider profiling*. At every second monthly meeting, each primary care provider will also receive data on how many of their patients screened positive for depression, how many were assessed by the provider, and what the ultimate outcome was. These data will be prepared by the care manager, but they will be distributed by the two physicians at the monthly meeting.